



ADMISSION CRITERIA for
INPATIENT, OBS, and SWING BED

OR

*The Top Ten Real Life Examples of
Why We get it Wrong*

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REASON NUMBER TEN:

There is no review of the documentation before the admission or Observation order is processed

- Results in inpatients incorrectly placed in Observation/OBS patients admitted as Inpatients/One Day Stays
- The longer the admission error continues the more difficult to correct

REASON NUMBER NINE:

No Interdepartmental Check and Balance with the Admission Process

Nursing / Admissions / Business Office

- Nursing will have the clinical information
- Admissions will have Hospital System Admission Status
- Business Office will know Charges / Needed Pre-Certs/Prior Auth

REASON NUMBER EIGHT:

Admission Process Errors – Wrong Bed Type & Insufficient and/or Incorrect Demographic Data

- The number of Admission Errors are Higher When Nursing Performs the Admission Process
- Admission Errors Should be Tracked on a Weekly Basis

REASON NUMBER SEVEN:

PHYSICIAN ORDER: “ADMIT PATIENT TO OBSERVATION”

- In a September 2013 advisory CMS reported to hospitals Inpatient orders should have the word “Admit” in the order
- Observation orders should have the word *“placed”* in the order. The word “Admit” should *not* be used in Observation Orders.

REASON NUMBER SIX:

“The physician documentation does not provide enough information to demonstrate the need for an Inpatient stay. By the time it gets to me there is nothing I can do”

- > CONCURRENT CODING
- > QUERYING THE PHYSICIAN

- The Coder reviews Physician documentation once the patient is placed in OBSERVATION or Admitted as an INPATIENT
- This will Enable the Coder to Query the Physician and request needed information of the patient’s condition and/or treatment to document the appropriateness of the Inpatient stay

REASON NUMBER FIVE:

NO ONE IS AUDITING THE CHARTS COMPREHENSIVELY

YOUR ANSWERS ARE WITHIN YOUR CHARTS

Most Frequently Seen OBSERVATION Errors

- ❖ INCORRECT OBSERVATION HOURS
- ❖ INCORRECT OBSERVATION CODES
- ❖ INFUSION CODES MISSING
- ❖ MISSING INFUSION HOURS
- ❖ MISSING MODIFIERS
 - ❖ Modifier 25
 - ❖ Modifier 59
 - ❖ See New Federal Rule effective 01/01/2015

REASON NUMBER FOUR:

LACK OF CASE MANAGEMENT RESOURCES AND TRAINING

- Case Managers working off of old information
- Does not have or has not had recent training on a criteria product e.g. Interqual or Milliman
- Does not review chart in the ER before a decision is made

REASON NUMBER THREE:

Swing Bed Under Utilized

- Lack of understanding regarding the Rehab focus of Swing bed including the patient's mental and emotional status
- Patient should be assessed for Swing Bed by the second day to be ready to move to the Swing Bed after the third midnight

REASON NUMBER TWO:

“We have always done it this way”

ICD-10 / 2 MIDNIGHT RULE / RACS

ALL WILL REQUIRE A NEW MENTALITY TO CREATE NEW EFFICIENT
AND EFFECTIVE PROCESSES

REASON NUMBER ONE:

“IT’S NOT MY JOB”

- SILO MENTALITY
- INFORMATION HOSTAGE MENTALITY

Thank You!

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ATTACHMENT

NEW MODIFIERS FOR 2015

- MLN Matters® Number: MM8863 Related Change Request (CR) #: CR 8863
- Related CR Release Date: August 15, 2014 Effective Date: January 1, 2015
- Related CR Transmittal #: R1422OTN Implementation Date: January 5, 2015
- CR8863 discusses changes to HCPCS modifier -59, a modifier which is used to define a “Distinct Procedural Service.” Modifier -59 indicates that a code represents a service that is separate and distinct from another service with which it would usually be considered to be bundled.
- The -59 modifier is the most widely used HCPCS modifier. Modifier -59 can be broadly applied.

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NEW MODIFIERS FOR 2015

- CR8863 provides that CMS is establishing the following four new HCPCS modifiers (referred to collectively as -X{EPSU} modifiers) to define specific subsets of the -59 modifier:

XE Separate Encounter, A Service That Is Distinct Because It Occurred During A Separate Encounter,

XS Separate Structure, A Service That Is Distinct Because It Was Performed On A Separate Organ/Structure,

XP Separate Practitioner, A Service That Is Distinct Because It Was Performed By A Different Practitioner, and

XU Unusual Non-Overlapping Service, The Use Of A Service That Is Distinct Because It Does Not Overlap Usual Components Of The Main Service.

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NEW MODIFIERS FOR 2015

- CMS will continue to recognize the -59 modifier, but notes that Current Procedural Terminology (CPT) instructions state that the -59 modifier should not be used when a more descriptive modifier is available.
- While CMS will continue to recognize the -59 modifier in many instances, it may selectively require a more specific - X{EPSU} modifier for billing certain codes at high risk for incorrect billing. For example, a particular NCCI PTP code pair may be identified as payable only with the -XE separate encounter modifier but not the -59 or other -X{EPSU} modifiers. The -X{EPSU} modifiers are more selective versions of the -59 modifier so it would be incorrect to include both modifiers on the same line.